Application for Waiver From Requirement of Securing a One or Two Family Certificate of Occupancy

PROPERTY ADDRESS:					
NUMBER		STREET		ZIP CODE	
PROF	PERTY OWNER'S NAME:				
LAST		FIRST	MIDDI	MIDDLE I.	
PROF	PERTY OWNER'S TELEPHON	E NUMBER: _			
			WORK	HOME	
listed □(I); □ dwelli addre	I, the owner of the dwelling lister from the requirement of securing above because: I(My Spouse); I(My Child); I(Mong. I have attached a postmark essed to me or my relative at the ring applicable checklist requirement (Required to be completed for Both units are currently occuping the additional unit has been visited.	ing a Certifica y Sibling); or led utility bill (ele above reference ments: or all Two Fanted acant since	te of Occupand (My Parent) cur .g. RG&E, telep aced dwelling. I	rently reside at the hone, cable, etc.) further attest to the	
	(Required to be completed for both One & Two Family Dwellings) The Unit(s) have working Smoke Alarms in the following locations: in each sleeping room, in the hallway outside each sleeping area, and on every story within the dwelling including basements and cellars but not uninhabitable attics The Unit(s) have a Carbon Monoxide Alarm in the hallway outside the sleeping area on the lowest level where there is a sleeping room				
Date:	Signature:				
City o Inspe 30 Ch	se return completed form to: If Rochester ctions & Compliance Bureau nurch Street – Room 028B ester, NY 14614	Printed	name of Signati	 ure	